

# LICENSE APPLICATION— INITIAL IN-STATE ADMINISTRATION OR READING

PI-1602-AD (Rev. 3-05)

Page 1

Application forms are available at [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)

**FOR INFORMATION CONTACT:**

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**We do not accept applications by FAX.**

**WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.**

- ◆ Use this PI-1602-AD form if, based on completing an approved Wisconsin college/university administration or reading program, you:  
**1)** are applying for an initial license as a superintendent (03), director of instruction (10), instructional technology coordinator (92), director of special education and pupil services (80), principal (51), program coordinator (64), reading specialist (17), library media supervisor (91), or local vocational education coordinator (65). *You must hold, or be eligible to hold, a Wisconsin educator license in: **a)** teaching and have three years of successful teaching experience OR **b)** a pupil services category (counselor, social worker, or psychologist), have three years of successful experience in the category, and 540 hours of classroom instruction experience.*  
**2)** are applying for an initial, license as a school business administrator (08)  
**3)** are applying for an initial license as a reading teacher (316). *You must hold, or be eligible to hold, a Wisconsin teaching license and have two years of successful teaching experience.*
- ◆ Type or print legibly in black or blue ink. Do not submit “back-to-back” photocopies since pages of the application are separated for processing. **Keep a copy of your entire application including all documentation** since no documentation can be returned to you.
- ◆ Send a **complete** application packet (including fee payment, Conduct and Competency Review, and fingerprint cards (if required) **to the certifying officer** of the college/university where you completed the approved program.
- ◆ Verify that DPI received your application by checking the educator license database at [www.dpi.state.wi.us/dlsis/tel/lisearch.html](http://www.dpi.state.wi.us/dlsis/tel/lisearch.html).

## LICENSE APPLICATION INFORMATION AND PROCEDURES

- I. **Applicant Information:** Primary phone number is where you can be reached between 8 a.m. and 4 p.m. Central Standard Time.
- II. **License(s) Requested:** Indicate the initial administrative or reading license(s) required and the date the license(s) should begin.
- III. **Experience:** Send a PI-1613 Experience Verification form to each education employer to verify the experience requirement (see top of page) has been met (*not required of applicants who already hold a Wisconsin administrator license or are applying for school business administrator licensure*). If your application is based on holding (or eligibility to hold) a Wisconsin pupil services license, also attach a letter from an employing administrator verifying 540 hours of successful classroom instruction experience.
- IV. **Graduate Education and Institutional Endorsement:** List only graduate degrees or licensing programs, the most recent first. Attach an 8.5 x 11 sheet if needed. The endorsement section must be completed by the certifying officer of your college/university.

## PAYMENT INSTRUCTIONS

Fee payment (\$100) must be mailed with your application. Since the fee covers the cost of license application review/processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a license is issued. Application fee is subject to change without notice.

**CHECK OR MONEY ORDER:** Make payable for \$100 to: Dept. of Public Instruction. Do not mail this page (page 1) if paying by check or money order. **Attach the check/money order securely to the front of page 2 (page containing applicant information).**

**CREDIT CARD:** MasterCard or VISA **only** (no debit cards). Fill in account information below and sign. This payment page must have an *original signature* and will be retained by our bank. This page is not forwarded to licensing staff, so *be sure the reverse side does not contain any information* needed to process the application. **Attach this page on top of other materials before mailing.**


**PAYMENT BY CREDIT CARD:** Fill in below and attach to the application. We accept **only** MasterCard and VISA.

Account Number													<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	
				—					—				—		

Expiration Date

		—		
Month			Year	

Amount	<b>\$100</b>
--------	--------------

Print or Type Cardholder Name
Signature


## MAILING INSTRUCTIONS (Do not FAX)

Mail the entire application packet, including fee payment to the certifying officer of your Wisconsin college/university for endorsement. The college will forward your application to DPI's bank: **DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794**

**Do not mail or fax applications to DPI's Madison office.** After fee deposit, all materials are couriered to consultants for review.



Wisconsin Department of Public Instruction

# LICENSE APPLICATION— INITIAL IN-STATE ADMINISTRATION OR READING

PI-1602-AD (Rev. 3-05)

Page 2

Application forms are available at: [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)

## FOR INFORMATION CONTACT

Telephone No. (608) 266-1027

Voice Mail No. 1-800-266-1027

Web Site [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**DO NOT FAX THE APPLICATION**

### I. APPLICANT INFORMATION

Legal Name <i>First</i>	<i>Middle</i>	<i>Last</i>	
Previous Name(s)		Social Security Number*	Date of Birth <i>Mo./Day/Yr.</i>
Address			P.O. Box
City		State	Zip Code Zip Plus 4 <i>digits</i>
Primary Telephone <i>(include area code)</i>	Ext.	Alternate Telephone <i>(include area code)</i>	Ext.
Email Address			

Current District of Employment	<input type="checkbox"/> Not currently under contract	I hold (or held) the WI license(s) checked below <input type="checkbox"/> Teacher <input type="checkbox"/> Pupil services <input type="checkbox"/> Administrator Subject /Position:	Most Recent WI Educator License Issue Year       Expire Year
--------------------------------	---	---	---

### II. INITIAL ADMINISTRATION OR READING LICENSE(S) REQUESTED

Check the License(s) Requested:	<input type="checkbox"/> 03 Superintendent	<input type="checkbox"/> 08 School Business Admin.	License Begin Date July 1, _____
<input type="checkbox"/> 10 Director of Instruction	<input type="checkbox"/> 51 Principal	<input type="checkbox"/> 64 Program Coordinator	
<input type="checkbox"/> 65 Local Voc. Ed. Coordinator	<input type="checkbox"/> 80 Dir. of Sp. Ed./Pupil Serv.	<input type="checkbox"/> 91 Library Media Supervisor	
<input type="checkbox"/> 92 Instr. Technology Coordinator	<input type="checkbox"/> 316 Reading Teacher	<input type="checkbox"/> 17 Reading Specialist	

### III. EXPERIENCE *(See instructions, not required for 08—business administrator applicants)*

List each district or other education agency where you were employed as an educator. Send a PI-1613 Employment Verification form to each. The employer will complete the form and forward it to DPI. Attach an additional 8.5 x 11 page if needed.

Employer	Location (City, State)	Indicate Status of PI-1613 Form
		<input type="checkbox"/> Sent to Employer   or <input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer   or <input type="checkbox"/> Enclosed
		<input type="checkbox"/> Sent to Employer   or <input type="checkbox"/> Enclosed

**IMPORTANT:** If the experience requirement was met by three years of pupil services experience, you must include a letter from your employer(s) verifying that your experience includes at least 540 hours of successful classroom teaching experience.

Letter confirming 540 hours of classroom teaching experience: ☐ Enclosed   ☐ Will be sent separately   ☐ Not applicable

### IV. GRADUATE EDUCATION PROGRAM AND INSTITUTIONAL ENDORSEMENT

List most recent degree first. Attach an additional 8.5 x 11 page if needed.

Institution	Location (City, State)	Degree/Licensing Program	Grad. Date

**I, THE CERTIFYING OFFICER, CONFIRM** that the education information listed above is accurate. The applicant has successfully completed this institution's state-approved program for the license(s) requested in Section II in \_\_\_\_\_ (*month, year*).

Signature of Certifying Officer ➤	Date Signed <i>Mo./Day/Yr.</i>	Name of Institution
--------------------------------------	--------------------------------	---------------------

**Applicant must also submit a completed PI-1602-A Conduct and Competency Review Form**

For DPI Use Only	For Bank Use Only	
<input type="checkbox"/> FP <input type="checkbox"/> Conduct	Amount of Remittance <b>\$100</b>	Date Stamp

\*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.

**CONDUCT AND COMPETENCY REVIEW**

PI-1602-A (Rev. 3-03)

Page 1

Application forms are available at: [www.dpi.state.wi.us/dlsis/tel/applications.html](http://www.dpi.state.wi.us/dlsis/tel/applications.html)**ANSWER ALL QUESTIONS**

1. This form **must** be completed and included with your licensing application. Failure to complete this form will delay the processing of your application.
2. **Your signature on this form must be notarized. Most schools have a notary public on staff.**

For purposes of this application, "teaching" applies to all licensed school personnel which includes, but is not limited to, classroom teachers, counselors, social workers, psychologists, administrators, school library media specialists, substitute teachers, special education aides, etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR* <small>Previously Reported</small>	1. Have you ever been disciplined for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession, including but not limited to verbal, physical, or sexual abuse or harassment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged (check any which apply) <input type="checkbox"/> immoral conduct or <input type="checkbox"/> incompetence <i>Definitions on next page.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	4. Is disciplinary action of your educationally related license or employment currently pending in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	5. Have you ever been convicted of violating any civil law, local ordinance, state law, or federal law for actions involving sexual conduct, physical abuse of a child, and/or contributing to the delinquency of a child?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	6. Have you ever been convicted of any criminal offense (including <i>criminal</i> traffic matters, not general traffic violations) in any jurisdiction? (check any which apply) <input type="checkbox"/> felony or <input type="checkbox"/> misdemeanor
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	7. Have you ever participated in a deferred prosecution program resulting from a criminal investigation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	8. Are you currently on probation in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	9. Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct or harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	10. Is any criminal charge or investigation pending against you in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PR	11. Have you (or a school district where you worked) ever been a party to a civil settlement, award, or agreement of any kind that involved an allegation concerning <b>your conduct</b> as an educator or in an educationally related position?
12. Carefully read item number 2 of the instructions on the following page to determine whether or not you are required to submit fingerprint cards with your license application. Check the appropriate box(es) below to indicate your response. <input type="checkbox"/> I am required to submit fingerprint cards with my application. <b>Indicate status of cards below.</b> <input type="checkbox"/> Completed cards are enclosed OR <input type="checkbox"/> Cards will be submitted separately. <input type="checkbox"/> I am not required to submit fingerprint cards with my application. I understand that I may be required to supply proof that cards are not required at this time.	
<b>For any "Yes" response to questions 1-11, attach a written 8½" x 11" explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. Also, submit any other relevant court documents pertinent to any of the questions raised.</b>	

\*If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of Yes on this application **if no further conviction(s) has occurred.**

**IMPORTANT: You must respond to ALL questions 1-12.**

<b>UNDER OATH</b> , I swear that all information on this form and the accompanying license application and documentation are true to the best of my knowledge. Any false statements may result in denial, revocation, or suspension of license.	
<b>I HEREBY AUTHORIZE</b> any of my previous employers, law enforcement agencies, and the courts to release, to the Wisconsin Department of Public Instruction, information which pertains to my responses to questions on this form.	
Name <i>Print or type</i>	Sworn and signed before me this ____ day of _____ in the year _____.
Signature ( <i>Sign in blue or black ink, in presence of a Notary Public</i> ) ➤	_____ Notary Public, _____
Social Security No.**	My commission expires on _____

\*\*Collection of social security number is a requirement of s. 118.19(1m) and (1r). The social security number may be released to the Department of Justice, Department of Revenue, and the Department of Workforce Development. Such information is made available to these governmental agencies for official purposes only.

---

**INSTRUCTIONS AND DEFINITIONS**  
**CONDUCT AND COMPETENCY REVIEW FORM (PI-1602-A)**

---

The Conduct and Competency Review Form is a screening method to protect children. While the vast majority of educators are not a danger to the safety and education of our children, there are exceptions to the rule. Some people use the profession to have access to children and to prey upon them. Because of these people, the department must investigate the backgrounds of all license applicants. The questions contained in the conduct and competency review form have been developed to alert the department to cases that warrant further investigation. A “yes” answer to a question or an arrest record **does not** automatically make you ineligible for licensure. Each situation is investigated independently and the final decision is made on a case-by-case basis. Your cooperation in protecting our children is greatly appreciated.

1. **Respond to all questions.** We cannot issue a license unless all questions are answered. Use black or blue ink only. *Submitting a fully and correctly completed form with notarized signature will speed processing of your application.*
2. **Fingerprint Cards:** *Read **ALL** the criteria below carefully. Determine whether fingerprint cards are required in your situation and indicate your response in item 12 of the Conduct and Competency Review.* (If fingerprinting is required, your prints must be prepared on cards obtained directly from the Department of Public Instruction.)

- If you have worked, resided, or attended college in a state other than Wisconsin, a listed territory (American Samoa, Guam, Puerto Rico, Commonwealth of the Northern Mariana Islands, or Virgin Islands), Canada, or Great Britain in the last twenty years after age 17, **you must submit fingerprint cards** with your license application.
- Even if you previously submitted fingerprint cards to the Department of Public Instruction **you must submit fingerprint cards again if, since the previous submission, you have worked, resided, or attended college in any of the locations listed above.** (If you previously submitted cards that met approved FBI/CIB standards *and* have not worked, resided, or attended college in any of the locations above since submitting your cards to DPI, then new cards are not required.)
- If your license application contains a non-Wisconsin mailing address, you must submit fingerprint cards unless the following exception applies. If you have never worked, resided, or attended college in a state other than Wisconsin, a U.S. territory listed above, Canada, or Great Britain you are not required to submit fingerprint cards.

**How to Obtain Fingerprint Cards:** To request cards and instructions from DPI, call 1-800-266-1027 or send an e-mail request to [tcert@dpi.state.wi.us](mailto:tcert@dpi.state.wi.us). Be sure to include your complete mailing address in your request. You will be sent a Federal Bureau of Investigation (FBI) card and a Wisconsin Crime Information Bureau (CIB) card which are preprinted with DPI's code. Your prints must be prepared, by a law enforcement official, on the two cards provided by DPI.

**NOTE:** Incomplete, or incorrectly prepared cards, will be returned to you for resubmission until they are prepared as specified in the instructions provided. See [www.dpi.state.wi.us/dlsis/tel/fphelp.html](http://www.dpi.state.wi.us/dlsis/tel/fphelp.html) for instructions on completing the cards correctly, information about fingerprinting services, and an e-mail link for requesting cards from DPI.

3. **Notarization Requirement:** Your signature on the Conduct and Competency form must be notarized. Notary Publics are available at schools, banks, and post offices. Other options include a clerk or deputy clerk of a court of record, a court commissioner, a register or deputy register of deeds, a judge, or a county or deputy county clerk. For more information about notarization see Frequently Asked Questions about notarization at: [www.dpi.state.wi.us/dlsis/tel/notary.html](http://www.dpi.state.wi.us/dlsis/tel/notary.html).

## Definitions

*“Immoral Conduct”* means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare, or education of any pupil. (Sec. 115.31(1)(c), Wis. Stats.)

*“Incompetence”* means a pattern of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, and which endangers the health, welfare, safety or education of any pupil. (PI 34.35(1)(d), Wis. Admin. Code)

## Reminders

Issuance or renewal of any license or permit by DPI is conditional upon the receipt of a satisfactory background investigation. (Sec. 118.19(10)(e), Wis. Stats.)

All information received from the Federal Bureau of Investigation and the Wisconsin Department of Justice as part of a background check, remains confidential. (Sec. 118.19(10)(f), Wis. Stats.)

You will be notified only if the department determines that the result of the background investigation is unsatisfactory.



**INSTRUCTIONS TO EMPLOYER:** Complete and return to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
TEACHER LICENSING  
P.O. BOX 7841  
MADISON, WI 53707-7841**

**FAX Number:** (608) 264-9558

**Website:** [www.dpi.state.wi.us/dlsis/tel](http://www.dpi.state.wi.us/dlsis/tel)

**This form is available at**  
[www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf](http://www.dpi.state.wi.us/dlsis/tel/pdf/pi1613.pdf)

**To the Applicant:**

Please complete the top part of the form and forward it to your employer (District Administrator or Personnel Director) for verification.

**APPLICANT INFORMATION**  
*Complete and Forward to District*

Name—Last	First	Middle	Other	Social Security Number*
Name of Employing School District / Agency				Location of Employment
Position Held		Employment Dates From <i>Month/Year</i> To <i>Month/Year</i>		

**VERIFICATION BY EMPLOYER**

**To the Employer:**

Please check your records and provide the requested information to verify that the above applicant has had successful employment. List any exceptions or limitations in the space provided below. ***Complete and mail or fax to DPI.***

Applicant's Position <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Other <i>Specify</i> _____	Grades Taught <i>If applicable</i>
---	------------------------------------

*If assigned to teach in a departmentalized elementary or secondary school:*

Subjects Taught (Be Specific)	Dates (Month/Year)	
	From	To
	From	To
	From	To
	From	To

Exceptions, Limitations or Other Comments

**TO THE BEST OF MY KNOWLEDGE**, all information presented on this form is accurate and the above mentioned educational employment was successful.

Name of School District or Employer

Signature of Employer ➤	Date Signed
----------------------------	-------------

Title	Employer Telephone <i>Area Code/No.</i>
-------	---

\*Collection of Social Security number is voluntary and is used solely for validation purposes and will not be released without written permission.

Employer—Please return this form to DPI—Teacher Licensing.